



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: ST. VINCENT FISHERS HOSPITAL

City of Hospital: Fishers

Year Begin: 07/01/2018 (mm/dd/yyyy format)

Year End: 06/30/2019 (mm/dd/yyyy format)

Person Completing the Report: Bradley Burks

Email Address: bkburks@ascension.org

Medicare Provider Number: 10-5181

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$43479822
Outpatient Patient Service Revenue	\$144655034
Total Gross Patient Service Revenue	\$188134856

2. Deductions From Revenue

Contractual Allowance	\$109463920
Other Deductions	\$2607510
Total Deductions	\$112071430

3. Total Operating Revenue

Net Patient Service Revenue	\$73393367
Other Operating Revenue	\$837276
Total Operating Revenue	\$74230643

4. Operating Expenses

Salaries and Wages	\$12378517	Employee Benefits	\$3209558
Depreciation and Amortization	\$3383806	Interest Expense	\$0
Bad Debt	\$2670058	Other Expenses	\$32281912
Total Operating Expenses	\$53923851		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$22976850	Total Assets	\$67251516
		Total Liabilities	\$10021220

Net Non-operating Gains over Loss	\$0
Total Net Gains	\$22976850

Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$51145905	\$41522066	\$9623839
Medicaid	\$23871106	\$19769273	\$4101833
Other Government	\$0	\$0	\$0
Other State	\$0	\$0	\$0
Other Payers	\$113117845	\$50780091	\$62337754
Total	\$188134856	\$112071430	\$76063426

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$0	\$0

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$0	\$0
Hospital Patients	\$0	\$86671	\$-86671
Community Education	\$0	\$12078	\$-12078

Number of Medical Professionals Trained	0
Number of Hospital Patients Educated	0
Number of Citizens Exposed to Health Education Messages	331

Statement Six: Charity Statement

Hospital Charity Charges	\$6318090
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$1646731	
HCI Payments	\$0		
Subtotal	\$0	\$1646731	\$-1646731
Medicaid Shortfalls	\$4420461	\$8292393	
Subtotal	\$4420461	\$9939124	\$-5518663
DSH Payments	\$0		
Subtotal	\$4420461	\$9939124	\$-5518663
Medicare Shortfalls	\$9410225	\$13330543	
Other Government Programs	\$0	\$0	
Total	\$13830686	\$23269667	\$-9438981

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$4922	\$-4922
Community Assessment	\$0	\$16970	\$-16970
Provision of Taxes	\$0	\$2070686	\$-2070686
Other Allocations	\$0	\$0	\$0

Comments

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